

THE CITY OF RIVERSIDE -Human Relations Commission
3900 Main St., 6th Floor
Riverside, CA 92522
(951) 826-5709 FAX (951) 826-2190

COMPLAINT OF DISCRIMINATION

NOTICE: Under the California Public Records Act and other disclosure statutes, the information contained in this complaint form may not be kept confidential.

Date: _____

Name: _____

Address: _____ Zip _____

Telephone: (Home) _____ (Work) _____

1. Name the person(s) and/or organization(s) whom you feel discriminated against you:

Name: _____

Position (if known): _____

Organization: _____

Address: _____ Zip _____

Telephone: _____

2. I was discriminated against in: ☐ Employment ☐ Housing ☐ Access ☐ Other

(If other, please specify) _____

3. I believe I was discriminated against because of my (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Age |
| <input type="checkbox"/> Mental/Physical Impairment | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Family Status | <input type="checkbox"/> Ancestry |
| <input type="checkbox"/> Other (please specify) _____ | |

4. The first step of this process will be an initial contact by the Executive Director of Human Relations Commission. The purpose of this contact is to confirm the preliminary information received. At this time, a first attempt is made to amicably resolve possible "misunderstandings" by a simple phone call or an informal meeting between the parties involved. Often disputes are resolved at this point. If this is unsuccessful, we offer a formal voluntary dispute resolution opportunity called mediation. Mediation is conflict resolution assisted by a neutral third party achieved through active listening, understanding, exploration of options and compromise. If the you decides that this arrangement is insufficient, or mediation failed to produce a satisfactory agreement, the case is referred to the appropriate enforcing agency.

Are you willing to attempt to resolve this case through mediation? ☐ Yes ☐ No

5. Explain in detail how you feel you were discriminated against. Include all dates relevant to the alleged discrimination that took place. Please include additional copies of documents that you believe will support your charge.

6. I swear or affirm that I have read this claim and that it is true to the best of my knowledge, information and belief. I understand that the person/organization I am complaining against will be notified of this claim.

Complainant signature

Date

Authorization to Release Information

I, _____ authorize the City of Riverside, Human Relations Commission, to release all relevant information that it may possess regarding my complaint of discrimination to:

- ☐ Department of Fair Housing and Employment and Housing (DFEH)
- ☐ Riverside County Dispute Resolution Center
- ☐ Other agency responsible for resolving my complaint

Signature

Date

Voluntary Statistical Information

a. What is your race?

- | | |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Other _____ |

b. What is your gender?

- ☐ Male ☐ Female

c. What is your age? _____